

REVENUE RECOVERY - COLLECTION UNIT

Probation Department

San Luis Obispo County Government Center

(805) 781-4174 FAX: (805) 781-4220



STATEMENT OF LOSS

Initial

Supplemental

INSTRUCTIONS: Please complete both sides of this sheet. Printing or typing is preferred. If the person(s) responsible for your losses is ordered to make restitution as a condition of probation, the Deputy Probation Officer or the Collection Officer or Collection Staff will use this statement as the basis for establishing the restitution amount. It is to your advantage to provide complete and accurate information. If you suffered no loss, please indicate by signing Section 5 of this form, and return it to the address provided above. Make sure that you detail, document and explain any loss claimed. Do not send original receipts or documentation. Send copies only and retain original documentation.

NOTICE: Any person making false statements or exaggerated claims may be prosecuted for attempted theft, per California Penal Code Section 664/484.

Date of Claim _____

Loss Sustained by _____ on Date(s): _____

as a result of the offenses committed by _____

Court Case/PO# _____ Nature of Offense(s) _____

*****ATTENTION: REFER TO AND FOLLOW THE ADDITIONAL INSTRUCTION SHEET INCLUDED*****

1) Describe your losses here. Attach additional pages only if necessary. Your loss must have been documented by the arresting agency. Please be sure that the total amount of loss is listed below.*

PROPERTY LIST (Include make/serial numbers.

Attach copies of bills, receipts, or three (3) estimates of replacement.)

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

MEDICAL EXPENSES LIST (Attach proof of out-of-pocket expenses.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

LOSS OF EARNINGS (Must attach a letter of verification from employer on letterhead)

Employer's Name: _____
Address _____
City _____
Zip Code _____ Phone # _____
Number of Days off work _____ Loss = \$ _____

***TOTAL LOSSES: \$ _____ ***

OFFICIAL USE ONLY

APPROVED

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____

\$ _____

2) Please explain if you are unable to provide proof for any portion of your loss.

3) If the amount of loss reported is more than the amount which you reported to the arresting agency, please explain:

- ☐ Covered by Insurance
☐ Defendant's
☐ Victim's

- ☐ Civil Judgment
☐ Pending ☐ Existing

Date _____/_____/_____

Approved by _____

4) If the defendant(s) is granted probation and ordered to make restitution, indicate the recipient of any monies collected:

Victim Name _____

Address _____

City/St/Zip _____


OR

Business Name _____

Business Owner Name _____

Address _____

City/St/Zip _____

NOTE:  It is the responsibility of the victim to notify the Revenue Recovery Collection Unit of any change of address, settlement, compromise, or other status change concerning this claim or loss.

5) Provide the following personal information (for victim or business owner):

Date of Birth ____/____/____ Soc. Sec. # _____ DL# _____

I declare that the foregoing statement of loss is true and correct: ☐ Claim of Loss Attached

Signature _____ ☐ No Loss Claimed

Print Name _____

Date ____/____/____ Daytime Telephone # (____) _____

=====

-----FOR PROBATION USE ONLY-----

This case has _____ codefendants.

Restitution is to be assessed to codefendants as follows:

Name	Prob. No.	Amount
_____	(_____)	\$ _____
_____	(_____)	\$ _____

TOTAL \$ _____

- ☐ Claim Approved ☐ Claim Denied ☐ Claim Modified ☐ Victim To Resubmit
☐ Defendant Insurance ☐ Victim Insurance ☐ Civil Judgment ☐ Claim Released By Victim
☐ Settlement Pending ☐ Victim To Collect By Other Means ☐ Claim Needs Further Work
☐ Claim Held Pending Court Hearing

COMMENTS:

STATEMENT OF LOSS FORM INSTRUCTIONS

FOR JUVENILE & ADULT RESTITUTION

*****Please read before filling out attached form*****

Be advised that the Revenue Recovery Unit must be able to clearly read and understand your claim and supporting documentation. All losses must be defined and documented by the victim on the form. Merely printing "see attached" will not suffice. Define your loss in the space provided.

If your loss is covered by insurance, please explain if it is the insurance company of the victim or of the defendant that is covering this loss.

Use the attached form to list the type and the amount of your loss and provide copies of documentation:

Section #1

Property Loss

Legal documents, bills, receipts, and/or estimates of replacement, or repair cost. An estimate can consist of clippings from catalogs, newspapers, magazines, and/or a print out from an Internet site that shows the dollar amount of the same or similar item. **(Copies Only)**

Medical Expenses

Please provide proof of your total loss such as itemized billing statements, prescription receipts, and or any other medically related expenses. **(Copies Only)**

Loss of Earnings

A letter from your employer on company letterhead. The letter should include the number of days and dates missed, the reason for the days missed, your rate of pay, and the total dollar amount of your loss. If you are self-employed please submit a copy of your Federal Income Tax form for the year the offense occurred that reflects the amount you earned for the year. **(Copies Only)**



Attach proof of value for all losses claimed. Do not send original documentation - send Copies Only. Unproven claims will be denied and/or returned to the victim.

Section #2

If you are unable to obtain this information, please provide an explanation.

Section #3

If the amount of your reported loss on this form is more than the amount reported to the police, it should be explained in this Section. Collection Unit reviews the police report in conjunction with the victims' documentation.

Section #4

The name and address is used to mail out the restitution checks. If you move after you submit the Statement of Loss Form you need to submit a Change of Address Form to the Collection Unit.

Section #5

Victim should sign and date the Statement of Loss Form indicating that the Statement of Loss is true and correct. The victim should also provide a daytime telephone number so Collection Unit can contact the victim to clarify information on the Statement of Loss Form.

SUBMIT COMPLETED STATEMENT OF LOSS FORMS AND DOCUMENTATION
TO THE FOLLOWING ADDRESS:

**Collection Unit – Revenue Recovery
Probation Department
1730 Bishop Street
San Luis Obispo, CA 93401**

Phone: (805) 781- 4174 FAX Number: (805) 781- 4220